

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
All Prescribers  
Nursing Home Administrators  
Managed Care Organizations

**Memorandum No: 06-20**

**Issued:** April 3, 2006

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information, contact:**

800.562.3022 or

<http://maa.dshs.wa.gov/contact/prucontact.asp>

or visit the pharmacy web site at:

<http://maa.dshs.wa.gov/pharmacy>

**Subject: Prescription Drug Program: Changes to Expedited Prior Authorization (EPA) and Additions to the List of Limitations on Certain Drugs**

**Effective for claims with dates of service on and after May 1, 2006**, unless otherwise noted, HRSA will implement the following changes to the Prescription Drug Program:

- A change to the Expedited Prior Authorization (EPA) list; and
- Additions to the list of Limitations on Certain Drugs.

## **Expedited Prior Authorization Change**

**Effective the week of May 1, 2006:**

| <b>Drug</b>  | <b>Code</b> | <b>Criteria</b>   |
|--|-------------|---|
| Xopenex/ HFA <sup>®</sup><br>(levalbuterol tartrate) | 044         | All of the following must apply: <ul style="list-style-type: none"><li>a) Patient is 4 years of age or older; and</li><li>b) Diagnosis of asthma, reactive airway disease, or reversible airway obstructive disease; and</li><li>c) Must have tried and failed racemic generic albuterol; and</li><li>d) Patient is not intolerant to beta-adrenergic effects such as tremor, increased heart rate, nervousness, insomnia, etc.</li></ul> |

**Additions to the List of Limitations (dose and age) on Certain Drugs**

| <b>Drug</b>   | <b>Dosing Limitations</b>            | <b>Age Limitations *</b>    |
|---|--------------------------------------|-----------------------------|
| Metadate ER <sup>®</sup> , Methylin <sup>®</sup> ,<br>Methylin ER <sup>®</sup> ,<br>methylphenidate,<br>methylphenidate SR, Ritalin <sup>®</sup> ,<br>Ritalin SR <sup>®</sup> | 120mg per day                        | 5 years of age and<br>older |
| Concerta <sup>®</sup> ( <i>methylphenidate<br/>ER</i> )   | 120mg per day as a single daily dose | 5 years of age and<br>older |
| Ritalin LA <sup>®</sup> ( <i>methylphenidate<br/>ER</i> )   | 120mg per day as a single daily dose | 5 years of age and<br>older |
| Metadate CD <sup>®</sup><br>( <i>methylphenidate ER</i> )   | 120mg per day as a single daily dose | 5 years of age and<br>older |
| Dexedrine <sup>®</sup> , Dextrostat <sup>®</sup> ,<br>dextroamphetamine   | 60mg per day                         | 5 years of age and<br>older |
| Adderall <sup>®</sup> , amphetamine salt<br>combo, Dexedrine spansule <sup>®</sup><br>( <i>dextroamphetamine ER</i> )   | 60mg per day                         | 5 years of age and<br>older |
| Adderall XR <sup>®</sup> ( <i>amphetamine<br/>salt combo ER</i> )   | 60mg per day as a single daily dose  | 5 years of age and<br>older |
| Focalin <sup>®</sup><br>( <i>dexmethylphenidate</i> )   | 60mg per day                         | 5 years of age and<br>older |
| Focalin XR <sup>®</sup><br>( <i>dexmethylphenidate ER</i> )   | 60mg per day as a single daily dose  | 5 years of age and<br>older |
| Strattera <sup>®</sup> ( <i>atomoxetine HCl</i> )   | 120mg per day as a single daily dose | 5 years of age and<br>older |

\* Children younger than five years of age require prior authorization.

**To view HRSA's current list of Limitations on Certain Drugs,  
go to:**

<http://maa.dshs.wa.gov/pharmacy/DrugAuth.htm>

**Correction**

HRSA is removing “(\*Not subject to TIP. See pg. M.1.)” from the “Non Sedating Antihistamines” drug class on page N.7 of the *Prescription Drug Program Billing Instructions*. It was copied to this page in error.

## **Billing Instructions Replacement Pages**

Attached are replacement pages H.19-H.20 and N.5-N.6 for HRSA's current *Prescription Drug Program Billing Instructions*.

## **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing WAMedWeb at <https://wamedweb.acs-inc.com>.

## **How can I get HRSA's provider documents?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

## Prescription Drug Program

| Drug | Code | Criteria |
|------|------|----------|
|------|------|----------|

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>d) Is not abusing alcohol, benzodiazepines, barbiturates, or other sedative-hypnotics;</li> <li>e) Is not pregnant or nursing;</li> <li>f) Does not have a history of failing multiple previous opioid agonists treatments and multiple relapses;</li> <li>g) Does not have concomitant prescriptions of azole antifungal agents, macrolide antibiotics, protease inhibitors, phenobarbital, carbamazepine, phenytoin, and rifampin, unless dosage adjusted appropriately; and</li> <li>h) Is enrolled in a state-certified intensive outpatient chemical dependency treatment program. See WAC 388-805-610.</li> </ul> |
|--|--|

### Limitations:

- No more than 14-day supply may be dispensed at a time;
- Urine drug screens for benzodiazepines, amphetamine/methamphetamine, cocaine, methadone, opiates, and barbiturates must be done before each prescription is dispensed. ***The prescriber must fax the pharmacy with confirmation that the drug screen has been completed to release the next 14-day supply. The fax must be retained in the pharmacy for audit purposes;***
- Liver function tests must be monitored periodically to guard against buprenorphine-induced hepatic abnormalities; and
- Clients may receive up to 6 months of buprenorphine treatment for detoxification and stabilization.

**Note:** A Buprenorphine-Suboxone Authorization Form (DSHS 13-720) must be on file with the pharmacy before the drug is dispensed. **To download a copy, go to:** <http://www1.dshs.wa.gov/msa/forms/eforms.html>.

|   |     |   |
|---|-----|---|
| <b>Symbyax<sup>®</sup></b><br>(olanzapine/<br>fluoxetine HCl)     | 048 | All of the following must apply: <ul style="list-style-type: none"> <li>a) Diagnosis of depressive episodes associated with bipolar disorder; and</li> <li>b) Patient is <b>6</b> years of age or older.</li> </ul> |
| <b>Talacen<sup>®</sup></b><br>(pentazocine HCl/<br>acetaminophen) | 091 | Patient must be <b>12</b> years of age or older and has tried and failed two NSAIDs or failed one other narcotic analgesic and is allergic or sensitive to codeine.   |
| <b>Talwin NX<sup>®</sup></b><br>(pentazocine/nalox<br>one)        |     |   |

## Prescription Drug Program

| Drug   | Code | Criteria  |
|--|------|---|
| <b>Toprol XL®</b><br>( <i>metoprolol succinate</i> )       | 057  | Diagnosis of congestive heart failure.  |
| <b>Topamax®/Topamax® Sprinkle</b><br>( <i>topiramate</i> ) | 036  | Treatment of Seizures.  |
|  | 045  | Migraine prophylaxis.   |
| <b>Vancomycin oral</b>                                     | 069  | Diagnosis of clostridium difficile toxin and the patient has failed to respond after 2 days of metronidazole treatment or the patient is intolerant to metronidazole.   |
| <b>Vitamin E</b>   | 105  | Confirmed diagnosis of tardive dyskinesia or is clinically necessary for Parkinsonism and all of the following:<br><br>a) Caution is addressed for concurrent anticoagulant treatment; and<br>b) Dosage does not exceed 3,000 IU per day.   |
| <b>Wellbutrin SR and XL®</b><br>( <i>bupropion HCl</i> )   | 014  | Treatment of depression.  |
| <b>Xopenex®</b><br>( <i>levalbuterol HCl</i> )             | 044  | All of the following must apply:<br>a) Patient is 4 years of age or older; and<br>b) Diagnosis of asthma, reactive airway disease, or reversible airway obstructive disease; and<br>c) Must have tried and failed racemic generic albuterol; and<br>d) Patient is not intolerant to beta-adrenergic effects such as tremor, increased heart rate, nervousness, insomnia, etc. |
| <b>Xopenex HFA®</b><br>( <i>levalbuterol tartrate</i> )    | 044  | See criteria for Xopenex.®  |
| <b>Zelnorm®</b><br>( <i>tegaserod hydrogen maleate</i> )   | 055  | Treatment of constipation dominant Irritable Bowel Syndrome (IBS) in <b>women</b> when the patient has tried and failed at least two less costly alternatives.  |
|  | 056  | Chronic constipation when the patient has tried and failed at least two less costly alternatives.   |

## Prescription Drug Program

| Drug Class  | Preferred Drugs   | Non-preferred Drugs   |
|---|---|---|
| Inhaled Corticosteroids                           | <b>Generic:</b><br><br><b>Brand:</b><br>Aerobid/Aerobid-M <sup>®</sup><br>(flunisolide MDI)<br>Azmacort <sup>®</sup> (triamcinolone<br>acetone MDI)<br>Flovent <sup>®</sup> (fluticasone<br>propionate MDI)<br>Flovent Rotadisk <sup>®</sup><br>(fluticasone propionate<br>DPI)<br>Qvar <sup>®</sup> (beclomethasone<br>dipropionate MDI)<br>Pulmicort Respules <sup>®</sup><br>(budesonide inhalation<br>suspension) | <b>Generic:</b><br><br><b>Brand:</b><br>Pulmicort Turbuhaler <sup>®</sup><br>(budesonide DPI)   |
| Insulin-release stimulant type oral hypoglycemics | <b>Generic immediate release:</b><br>glyburide<br>glipizide<br>glyburide micronized   | <b>Generic:</b><br>chlorpropamide<br>tolazamide<br>tolbutamide<br>glipizide XR<br><br><b>Brand:</b><br>Amaryl <sup>®</sup> ( <i>glimepiride</i> )<br>Diabinese <sup>®</sup><br>( <i>chlorpropamide</i> )<br>DiaBeta <sup>®</sup> ( <i>glyburide</i> )<br>Glucotrol <sup>®</sup> /XR ( <i>glipizide</i> )<br>Glynase <sup>®</sup> ( <i>glyburide</i><br><i>micronized</i> )<br>Tolinase <sup>®</sup> ( <i>tolazamide</i> )<br>Micronase <sup>®</sup> ( <i>glyburide</i> )<br>Orinase <sup>®</sup> ( <i>tolbutamide</i> )<br>Prandin <sup>®</sup> ( <i>repaglinide</i> )<br>Starlix <sup>®</sup> ( <i>nateglinide</i> ) |

## Prescription Drug Program

| Drug Class   | Preferred Drugs  | Non-preferred Drugs  |
|--|--|--|
| Long-Acting Opioids (oral tabs/caps/liquids) (*Not subject to TIP. See pg. M.1.) | <b>Generic:</b><br>methadone<br>morphine sulfate SA/SR | <b>Generic:</b><br>levorphanol<br>oxycodone ER<br>Oramorph SR<br>fentanyl transdermal<br><br><b>Brand:</b><br>Avinza <sup>®</sup> ( <i>morphine sulfate ER</i> )<br>Duragesic <sup>®</sup> ( <i>fentanyl</i> ) transdermal<br>Kadian <sup>®</sup> ( <i>morphine sulfate SR</i> )<br>Levo-Dromoran <sup>®</sup> ( <i>levorphanol</i> )<br>MS Contin <sup>®</sup> ( <i>morphine sulfate SA</i> )<br>OxyContin <sup>®</sup> ( <i>oxycodone ER</i> ) |
| Non-Sedating Antihistamines<br>(*Not subject to TIP. See pg. M.1.)               | <b>Generic:</b><br>loratadine OTC<br><br><b>Brand:</b> | <b>Generic:</b><br><br><b>Brand:</b><br>Allegra <sup>®</sup> ( <i>fexofenadine</i> )<br>Clarinox <sup>®</sup> ( <i>desloratadine</i> )<br>Claritin <sup>®</sup> ( <i>loratadine</i> )<br>Zyrtec <sup>®</sup> ( <i>cetirizine</i> )   |